SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO flox 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN

JUN 132017

Permit #: Refund: Date: Amount Paid: SIGN SOLV **20-5元** 6-27-1) 17-03PM

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

本品的Meld Co. Zoning Dept

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☐ Shoreland → ▼ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	Section 34 , Township 47 N, Range 8	1/4,1/4	PROJECT Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))		TOUR COURSE TO	Address of Property:	David a Beckie Majoured	Owner's Name:	TYPE OF PERMIT REQUESTED → □ LAND USE □ SA
ke, Pond or Flowage If yescontinue	er, Stream (ind. Intermittent) If yes—continue —	W) CSM Vol & Page	Tax ID# (4-5 digits) よここら	Agent Phone:	Contractor Phone:	I'MN RISON	City/State/Zip:	2502 S Mt Lis	Mailing Address:	SANITARY PRIVY
Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	Tien Riser	Lat(s) No. Block(s) No.		Agent Mailing Address (include City/State/Zip):	Plumber:	W: 54840		2802 5 Merlion Rd Decator	City/State/Zip:	☐ CONDITIONAL USE ☐ SPE
*	# 	Lot Size	Subdivision:	Recorded Deed (/State/Zip):				けるらど		☐ SPECIAL USE ☐
□ Yes № No	Is Property in Floodplain Zone?	Acreage 1, 13		Recorded Deed (i.e. # assigned by Register of Deed Document #: ユンパイト R- ちんりれし	Written Author Attached □ Yes □ No	Plumber Phone:	217-61	Cell Phone:		Telephone	B.O.A. □ O
≫ □ Yes	Are Wetlands Present?	Q e		Register of Deeds	Written Authorization Attached Yes No	Phone:	2017-49-6068	e:	411-620-629	e:	OTHER

					250	n.		Value at Time of Completion * include donated time & material	
	8 stairs to lake	Property	□ Run a Business on	☐ Relocate (existing bldg)	□ Conversion		New Construction	Project	
80 00 00		□ Foundation	☐ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	□ 1-Story	# of Stories and/or basement	
						☐ Year Round	্⊠ Seasonal	Use	
-			None		□ ພ	□ 2	1	# of bedrooms	
	z⊀ None	□ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	(New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?	
			L		! ——	₩well	☐ City	Water	

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction:

Length:

Width:

Height:

				060
Proposed Use	7	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	(x)	
		Residence (i.e. cabin, hunting shack, etc.)	(x)	
1	:	with Loft	(x)	
Residential Use		with a Porch	(x)	
		with (2 nd) Porch	(x)	
		with a Deck	(x)	
		with (2 nd) Deck	(x)	
☐ Commercial Use		with Attached Garage	(x)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	(×)	
		Addition/Alteration (specify)	(x)	
- Iviunicipai Use		Accessory Building (specify)	(×)	
		Accessory Building Addition/Alteration (specify)	(x)	
		Special Use: (explain)	(x)	
		Conditional Use: (explain)	(x)	
	Á	Other: (explain) Walk - Starts to dock	(3/ × 30')	
	,			

I (we) declare that this application (including any accompanying in am (are) responsible for the detail and accuracy of all information may be a result of Bayfield County relying on this information I above described property at any reasonable time for the purpose, FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and complete. I (we) acknowledge that I (we) accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) by all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the

Authorized Agent: Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization

are signing on behalf of the mer(s) a of authorization must application)

Address to send permit 2802

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Date

this application)

Date

9-1

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

	S:	Hold For Fees:	vit:	Hold For Affidavit:	- The second sec	Hold For TBA:		Hold For Sanitary:	
Date of Approval:	Date						ctor:	Signature of Inspector:	T ,_
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Date of Re-Inspection:		tached.)	they need to be at	8	ected by	oard Conditions /	6-7, Committee or	Date of Inspection: Condition(s): Town,	_ :-
7	Lakes Cla								
		Was Proper		Š	No	X Yes	allding Site Delinea	Was Proposed Bu Inspection Record:	
	11000	nes Represente	Were Property Lines Represented by Owner		No	X Yes	₹	Was	
	(B.O.A.) Case #:	by Variance (B.	Previously Granted by Variance Yes ('No			#	ce (B.O.A.)	Granted by Variance (B.O.A.) □ Yes XNo	
	X No Affidavit Required □ No Affidavit Attached	□ Yes	Mitigation Required Mitigation Attached	NO NO NO	(Deed of Record) (Fused/Contiguous Lot(s))	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguou ☐ Yes	**************************************	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	
			TANK!	1-18-9	Permit Date:		4.0	Permit#: /ე-(
		ł	S. C.	anial:	Reason for Denial:	y Ose Only)	Permit Denied (Date):	Issuance Intorma Permit Denied (Date):	
begun. Dwelling Code. initary Date:	n or Use has not begun. rce The Uniform Dwelling Coc ermits. Sanitary Date:	if Construction o quired To Enforce also require perr	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform The local Town, Village, City, State or Federal agencies may also require permits.) Year from t alling: ALL M y, State or Fe ber:	e & Two Family Dwelling al Town, Village, City, St.	: All Land Use Pection Of New On The loca	NOTICE For The Constru		
ack must be measured must be visible from opposed site of the structure, or must be private of the structure, or must be the private of the structure, or must be opposed site of the structure.	construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must veyor at the owner's expense	m a known corner w	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setb one previously surveyed corner to the other previously surveyed corner within 500 feet of the primarked by a licensed surveyor at the owner's expense	(30) feet from the artment by use o)) feet but less than thirty r, or verifiable by the Dep tion(s) of New Cor	ture more than ten (10 riously surveyed corne pense.	r construction of a struct corner to the other prev veyor at the owner's ext	rior to the placement or nee previously surveyed of narked by a licensed sun	
ble from one previously surveyed corner to the	measured must be visible from	he setback must be I	oundary line from which the setback must be measured must be vis	d setback, the bo	Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, other previously surveyed corner or marked by a licensed surveyor at the owner's expense.	ture within ten (10) fee licensed surveyor at ti	construction of a struct d corner or marked by a	rior to the placement or ther previously surveyed	· ·
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30 4 Fee		***************************************	Setback to Well	Feet	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Tank	to Septic Tank or Holding Tank	etback to Septic	1/4
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Fee		e Bank or Bluff	Setback from the	Feet	S		North Lot Line	etback from the	,,,
Fee	nry high-water mark) m, Creek	Lake	Setback from the	Feet	100	ted Road t-of-Way	Centerline of Platted Roa Established Right-of-Way	etback from the	[₍₀], ₀]
Measurement	วก	Description		ent	Measurement		Description		
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ed by the Planning & Zoning Dept	Changes in plans must be approved by t	anges in plans			nuing)	e (prior to continuing)	te (1) (7) above	Please complete	11.4
20% 5 (000)	***************************************			I E	00 N + U	C			
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		and the second s	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	ream/Creek es over 20%	ce; (*) River; (*) St etlands; or (*) Slop	(*) Lak (*) We	Show any (*): Show any (*):	1	
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		oad)	(Name Frontage R	ntage Road	North (N) on Plot Plan (*) Driveway <u>and</u> (*) Fro		Show / Indicate: Show Location of	(1) (2) (3)	
			applying for)	iat you are a	<u>Draw or Sketch your Property</u> (regardless of what you are applying for)	ch your Propert	<u>Draw or Sketch</u>		

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City, Village, State or Federal mits May Also Be Required

SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

17-0230 David & Beckie McDonald Issued To: No. Town of Iron River 34 47 $\frac{1}{4}$ of Section Township Range 8 W. Location: Par in Block Subdivision CSM# Gov't Lot 6 Lot

For: Residential Accessory Structure: [Stairs to the Lake (3' x 30') = 90sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Stairway shall be installed using best management practices to prohibit erosion and sedimentation into Lake. Least amount of soil disturbance and vegetation disturbance as possible.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 27, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Damp (Bace Web)

JUN 132017 ENTERED

Date: Permit #: Amount Paid: APPLL 2017 6.07 7-083

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. Bayfield Co. Zoning Dept Refund:

ARROLLE MONAGED CONTROLLE	TYPE OF PERMIT REQUESTED -> LAND USE SANITARY	UESTED	LAND USE	OUSE SANITARY	TARY D PRIVY	© CONDITIONAL USE		SPECIAL USE	□ B.O.A.	□ OTHER	五
District Cany Mary H.	Owner's Name:				v å	Ω	/State/Zip:		<u>n</u>	elephone:	768
Contractor Phone: Pounder Pou	Count		,•			<u>E</u> .	アトクラ		. دو	ラミ	٥ ٤
Property Lessal Description: Use fax Statement Tar Daries's depart	K.	C			Contractor Phone:	[®] Plumber:			T2	lumber Ph	one:
Commercial Use Land Description: Use Tax Statement Tax Date of But Composition Composition Land Description: L	Authorized Agent: {Perso	n Signing Applic	ation on behall		\gent Phone:	Agent Mailing Ac	dress (include City/	State/Zip):	□ > <	Written Aut Attached	horization No
Commercial Use Commercial Use Commercial Use Commercial Use Complete Complet		egal Descript			ax ID# (4-5 digits)			Recorded D Document #	eed (i.e. # ass	signed by Re	gister of Deeds)
Shoreland Shoreland with a policy of River, Severan mean transmit of River, Severan mean t	1/4,	1/4	Ov.t			65		Subdivisio	2	***************************************	
Controlled Creek or Landward side of River, Stream lind home mone) Defanice Structure is from Shoreline: Is Property in Creek or Landward side of Rivosphan? In Property Property If prope		_ , Township	3	Ø		l 1		Lot Size		Acreage	
Shoreland		ls Property, Creek or Land	/Land withir /ward side o	n 300 feet of River, If Floodplain?	Stream (incl. Interm			eline :	ls Proper Floodplain		\re Wetlands
# What Type of Sewer/Sanitary System bedrooms # Sewer/Sanitary System Sewer/Sanitary System Sewer/Sanitary System Sewer/Sanitary System Son the property?	snoreland —	(Is Property,	/Land within	າ 1000 feet of Lake,	, Pond or Flowage If yescontinue		acture is from Shor	eline : feet	□ Ye ⊡`Nc		□ Yes >ZNo
# Sewer/Sanitary System Seasonal	☐ Non-Shoreland										
Seasonal 1 Municipal/City	Value at Time of Completion * include donated time & imaterial	Projec	.	# of Stories and/or baseme		# of bedrooms	Sew Is	What Typer/Sanitar	e of y System perty?		Water
oft		New Consti	uction	0	/ c		☐ Municipal/(P. Control	Ž.	
Sanitary (Exists) Specify Type: Sanitary (Exists) Specify Type: Senitory (Pit) or Vaulted (min 200 gallon)		Addition/A	Iteration	11			(New) Sanit	٠١	fy Type:		16
Proposed Structure Propos	1,000	Relocate (ex	isting bldg)			1 1	} !	or :: Vau	Ited (min 2	00 gallon)	NOW.
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Conditional Use: [explain] CENTRY	Existing Structure: ()	f permit bein	g applied for	is relevant to it)							
Principal Structure (first structure on property)	Proposed Use				Length: Proposed Stru	icture			men K	$\exists \mid_{\Lambda}$	Square
Residence (i.e. cabin, hunting shack, etc.)			Principal S	structure (first st	ructure on prope	rty)			×	_	
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with (2 ^m) Porch with a Deck with 2 nd) Deck With (2 nd) Deck With Attached Garage Bunkhouse w/ (□ sanitary, or □ cooking & food prep facilities) X X Mobile Home (manufactured date) X X Addition/Alteration (specify) X X Accessory Building (specify) X X Accessory Building Addition/Alteration (specify) X Accessory Building Addition/Alteration (specify) X Special Use: (explain) Conditional Use: (explain) X Other: (explain) Conditional Use: (explain) X Other: (with a Porch			1.1. daniminana		×	-	
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Commercial Use with Attached Garage]			with (2 nd) Deck	•				×	_	
Bunkhouse w/ (□ sanitary, or □ cooking & food prep facilities) X Mobile Home (manufactured date) (ro		with Attached	Garage				×)	***************************************
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Municipal Use Accessory Building (specify) □ Accessory Building Addition/Alteration (specify) □ Special Use: (explain) □ Conditional Use: (explain) □ Other: (explain)			Mobile Ho	ome (manufacture	d date)				×		
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FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to irrect and complete. I (we) acknowledge that I (we) may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purgose of page-grow.

Owner(s):

Owner(s):

The first county of the detail and accuracy of all information I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purgose of page-grow.

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The first county officials charged with administering county ordinances to have access to the detail and accuracy of all information I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the detail and accuracy of all information I (we) and accuracy of all informati Authorized Agent: Owner(s): The following of authorization must accompany this application) owner(s) of authorization must accompany this application) Date

Address to send permit 2602(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application) ME X 1000 S Decator

For The For The For The Process on Owner In-Conformation Process of Committee Committe	any (*): any	Show Location of: Show / Indicate: Show Location of (*): Show:
Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privv (P), a MOTICE. All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Number: # of bedcooms:	(*) Wetlands; or (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) (*) Jake; (*) Stream/Creeks or (*) Pond (*) Wetlands; or (*) Slopes over 20% (*) Local Feet Setback from the Lake (ordinary high-water mail for the firm wetland 20% Slope Area on property (*) Local Feet Setback from Wetland 20% Slope Area on property [Elevation of Floodplain [Elevation of	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property
nd	by the Planning: by the Planning:	
Well (W). DYES THO PYES THO NO OALL DNO	Measurement CCO Feet	

wn, City, Village, State or Federal ermits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	0231			Issued	d To: Da	avid &	Beckie Mc	Dona	ld					
Location:	543.	1/4	of		1/4	Section	34	Township	47	N.	Range	8	W.	Town of	Iron River
Par in Gov't Lot	6		Į	_ot		Blo	ock	Su	bdivisio	on				CSM#	

For: Residential Accessory Structure: [Portable Shed (12' x 28') = 336 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation. If the size of the structure changes a revision and \$25 fee is required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 27, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

JUN 19 2017 63 Carlot I (rvi)

Refund: Amount Paid: Permit #: 1.555.0 1.555.0 7.0000

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Departmen

Owner's Name:	TYPE OF PERMIT REQUESTED - TAND USE SAN	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Bayfield Co. Zoning Dept.
Mailing Address:	NITARY PRIVY CONDITIONAL USE SPECIAL USE	APPLICANT. Bayfield Co. Zonling Dept.
City/State/Zip:	IONAL USE 🗆 SPECI	
R5755 Telepho	AL USE 🔲 B.O.A. 🗇 i	
ne:	OTHER	

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	×)	•			ure on property)	Principal Structure (first structure on property)	-}	-	
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			□ None			Slab	***************************************		
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	act)	Portable (w/service contract)	☐ Portable (w,	□ None		☐ No Basement	Run a Business on	□ Run a B	
n)	Vaulted (min 200 gallon)		☐ Privy (Pit) or	1		□ Basement	Relocate (existing bldg)	□ Relocate	,
	Type:	Sanitary (Exists) Specify Type:	☐ Sanitary (Ex	1		-2-Story	sion	☐ Conversion	700,000
-well	Туре:	tary Specify Type:	(New) Sanitary	□ 2	Year Round	☐ 1-Story + Loft	Addition/Alteration	☐ Addition	r.
□ City		City	☐ Municipal/City	_ 1	☐ Seasonal	1-Story	New Construction	New Co	
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Water	of System	What Type of Sewer/Sanitary System	Sew	<u>0</u> #	Use	# of Stories and/or basement	Project	Pri	Value at Time of Completion * include
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□ Yes □ No	□ Yes	reline : feet	Distance Structure is from Shoreline:	Distance Stru	Pond or Flowage If yescontinue —	S Property/Land within 1000 feet of Lake, Pond or Flowage	erty/Land withir	Ns Prope	- distribute
Are Wetlands Present?	ls Property in Floodplain Zone?	Ä	cture is from Shoreline :	Distance Structure	tream (incl. Intermittent) If yescontinue	liver, S	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	☐ Is Prope	Shareland
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	_	and the second second						1/4	1/4,
		Subdivision:	Block(s) No.	Lot(s) No.	_	Lot Lot(s) CSM	Gov't Lot	<u>:</u>	
Register of Deeds)	Deed (i.e. # assigned by Register of Deeds) #: P. 930 R- 334	Recorded Deed (i.e. # assignment #: P. 930			Fax ID# (4-5 digits)		Legal Description: (Use Tax Statement)	Legal Des	PROJECT LOCATION
□ No	□ Yes □ No	:			558-1647	\(\frac{1}{2}\)	Chrock	5 5	7000
Written Authorization	Written A	State/Zip):	Agent Mailing Address (include City/State/Zip):	gent Mailing Ad			pplication on behal	(Person Signing A	Authorized Agent: (Person Signing Application on behalf of Owner(s))
Phone:	Plumber Phone:			Plumber:	115-558-/647	•	Construction In		いたとうこと
			2	11, er L			Vorth Point De	36 N	
16:	Cell Phone:			Г	,Zib;				Address of Property:
			070 / 2200		03 E Carandon	2403	Schaus	Ann	Nance
те:	Tele	Ŋ.	9	City,	Mailing Address:				Owner's Name:
OTHER	B.O.A.	SPECIAL USE		CONDITIONA	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE		→ B TAND USE	REQUESTED-	TYPE OF PERMIT REQUESTED

	~ ×	Other: (explain)		
	(x)	Conditional Use: (explain)		
	(×	Special Use: (explain)		
	×	Accessory Building Addition/Alteration (specify)		
	(x)	Accessory Building (specify)		Г
	(x)	Addition/Alteration (specify)		7
	(×	Mobile Home (manufactured date)		
	×	Bunkhouse w/ (□ sanitary, <u>or</u> □ sleeping quarters, <u>or</u> □ cooking & food prep facilities)	Secretarial Statis	
672	(24 × 28)	with Attached Garage	Commercial Use	
	×	with (2 nd) Deck	2 2 2 8	
<i>ع/د</i>	(12 × 18)	with a Deck		DOLLAR TO
	(×	with (2 nd) Porch	Hec'd for Issuance	
252	(12 × 21)	with a Porch	Residential Use	*
840	(28 × 30)	with Loft 2nd floor		1
2108	(46 × 56)	Residence (i.e. cabin, hunting shack, etc.)		
	(x)	Principal Structure (first structure on property)		
Square Footage	Dimensions	Proposed Structure	Proposed Use	

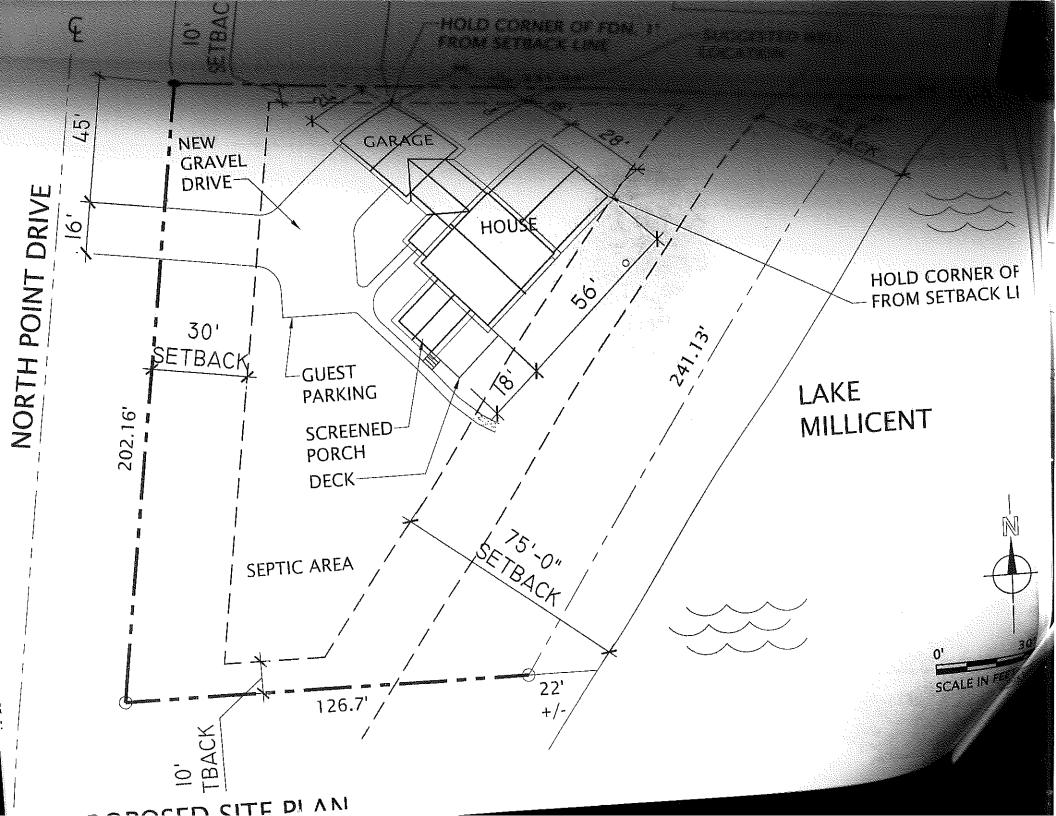
Authorized Agent: owner(s): Walls owners listed on the Deed All Owners must sign on Schau r(s) of authorization m accompany this application) bra Date 5 wledge that I (we) cept liability which nave access to the

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Address to send permit

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

30



City, Village, State or Federal

LAND USE - X
SANITARY - 17-53S
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 17-0242 Issued To: **Nancy Schaus** Location: $\frac{1}{4}$ of Section 21 Township 47 N. Range W. 8 Iron River Town of Par in Gov't Lot 1 Lot Block Subdivision CSM#

For: Residential Use: [2 - Story; Residence (46' x 56') = 2,108 sq. ft.; 2nd Floor (28' x 30') = 840 sq. ft.;

Porch (18' x 14') = 252 sq. ft.; \underline{Deck} (12' x 18') = 216 sq. ft.;

Attached Garage (24' x 28') = 672 sq. ft.] Total Overall = 4,088 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building, including eve and any further extension shall be at least 10' from side property line and 75 feet from OHWM. If any eve is closer, offending portion of structure shall be removed.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 28, 2017

Date